

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

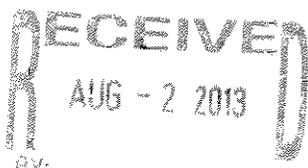
PRINTED: 07/24/2013
FORM APPROVED
OMB NO. 0938-0391

*acceptor
POC
8/24/13*

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185208	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/10/2013
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NAME OF PROVIDER OR SUPPLIER CARMEL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 100 CARMEL MANOR ROAD FORT THOMAS, KY 41075
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000	INITIAL COMMENTS An Abbreviated Survey investigating KY#00020401 was initiated on 07/09/13 and concluded on 07/10/13. KY#00020401 was unsubstantiated with deficient practice identified.	F 000		
F 225 SS=D	483.13(c)(1)(II)-(III), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law, or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities. The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency). The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress. The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance	F 225	 BY: _____ Carmel Manor ensures that all alleged violations involving mistreatment, neglect or abuse and misappropriation of property are immediately reported to the administrator and to other officials as required and that a prompt and thorough investigation occurs. All allegations of abuse, neglect, or misappropriation are taken seriously with prompt action. Resident #1 has returned from the facility. The resident was reassessed upon admission and the care plan was modified appropriately. The resident is being actively monitored and there have been no unusual or unexplained signs or symptoms since the return on July 6, 2013. The Administrator has now documented the facility's investigation and active participation with the police that occurred regarding the resident's injury of unknown origin and allegation of sexual abuse. The facility has been informed that police have been unable to substantiate any inappropriate sexual conduct. (cont.)	8/24/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Sister Teresa Kennedy TITLE: Administrator DATE: 08-02-13

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patient. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 225	<p>Continued From page 2</p> <p>An interview with the Administrator, on 07/10/13 at 1:50 PM, revealed the allegation of sexual abuse was reported to the Administrator by the Ft. Thomas police, on 07/01/13, at about 4:00 AM and the officer told the Administrator that they would be completing an investigation, of the Resident #1's room and interviewing all staff. The Administrator further stated "we notified the required agencies, but we didn't do an investigation because the resident wasn't in the facility and the police was doing an investigation". She further stated the facility did not determine it was an incident for the facility to investigate.</p>	F 225	<p>All other residents will be assessed for physical signs of abuse through skin assessments performed by August 9th.</p> <p>The facility will continue to report and investigate any allegations of abuse, neglect and misappropriation in compliance with requirements and the facility's policies and procedures. Policies and procedures on abuse, neglect and misappropriation investigation, protection, reporting and documentation were reviewed by the Assistant Administrator on July 29, 2013 without the need for revision. The Administrator and Assistant Administrator reviewed and discussed the implementation and the action steps of those policies on July 29, 2013. Administrative staff educated on policies and investigative procedures on July 29, 2013 by the Assistant Administrator.</p> <p>An in-service for all staff regarding abuse reporting and investigation to be conducted August 7 and August 8, 2013 by the Education Director to reinforce the policies and procedures.</p> <p>Random sampling of six residents were interviewed regarding safety, care and treatment by staff. Conducted by Director of Nursing and Assistant Administrator.</p> <p>(cont. on next page)</p>	
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A quality assurance monitor will be developed by the Assistant Administrator. The monitor will be conducted weekly for four weeks, monthly for two months, then quarterly thereafter by the Assistant Administrator or designee. The results of the monitoring shall be forwarded to the QA Committee for input and a determination of the need for ongoing formal monitoring. See Quality Assurance audit F-225.